

FIG. 1

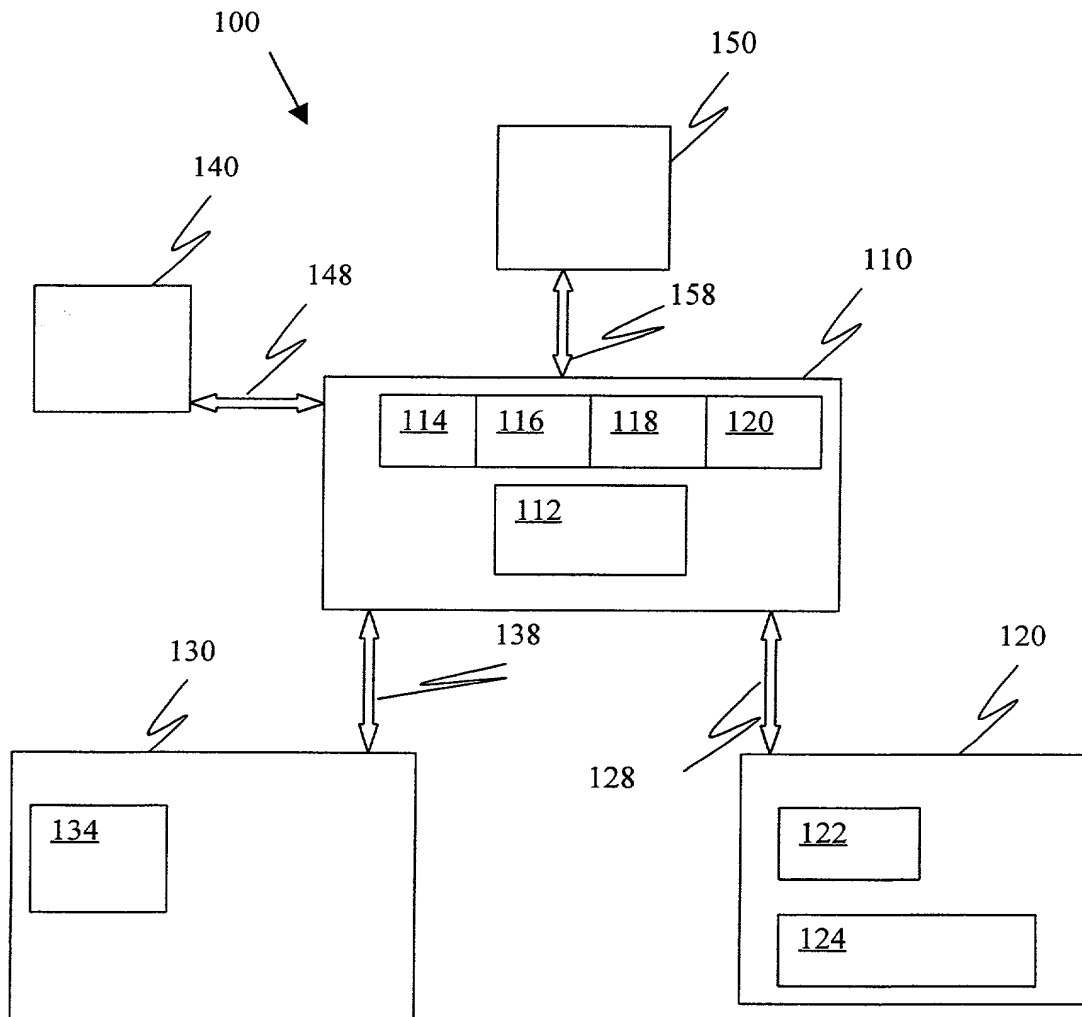
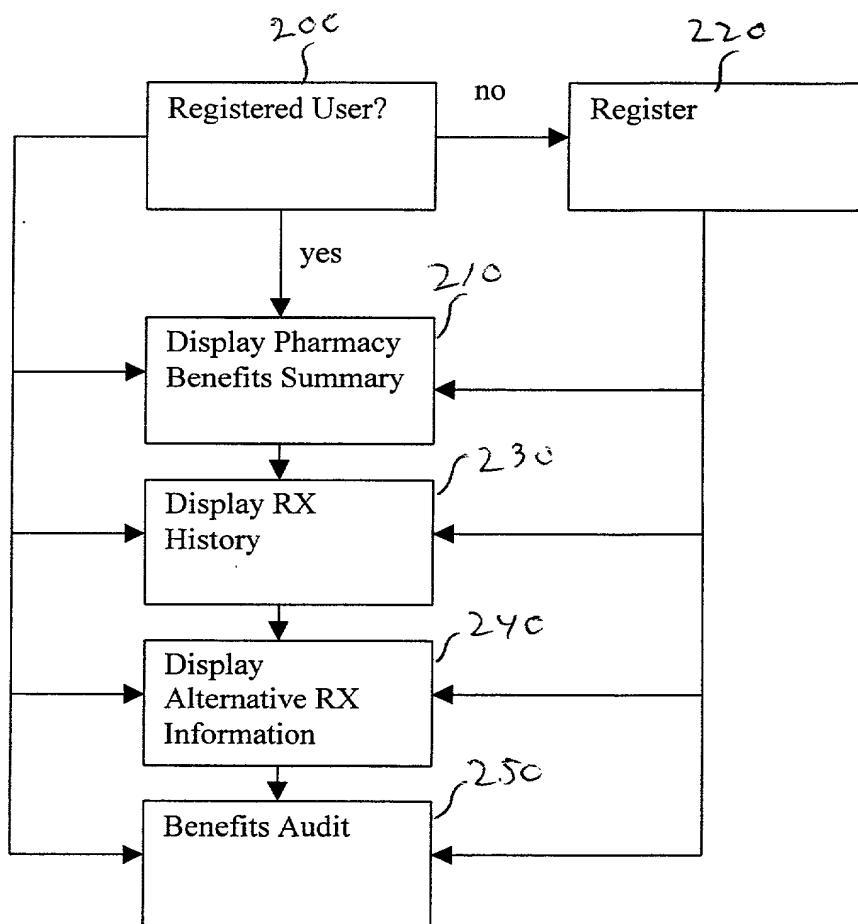


Fig. 2



[My Profile](#)

[Research Alternatives](#)

## Registration (Step 1)

Enter the first few letters of your company's name.

222  
SA

224  
Continue

### Instructions:

- Please Note: If you already have a Logon ID and Password and know what they are, please do not register.
- Public Employees may be listed under County or City first. e.g. County Of Henrico, County School Board of Henrico
- This is the beginning of the registration process. Please enter at least the first two letters of your employer's name into the box above and click the "Continue" button.
- A list of companies whose names start with those characters will appear. You will then select your employer from that list.

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Fig. 3

[My Profile](#)

[Research Alternatives](#)

## Registration (Step 2)

Please find below our list of employers that start with 'SA'.

Click on your company to continue; however, if you don't find your company in the list, [Click Here](#) to try again.

226.7  
Company Name

City 228

[Sample Company 1](#)

MANASSAS

[Sample Consulting Consortium](#)

Richmond

[Sample Employer 1](#)

Richmond

[Sample Employer 2](#)

Richmond

[Sample Employer 3](#)

Richmond

[Sample Employer 4](#)

Richmond

[Sample Employer 5](#)

Richmond

[My Profile](#)

[Research Alternatives](#)

## Registration (Step 3)

Please Enter The Following Information From Your Card.

Healthcare Insurance

### Subscriber (Cardholder) Information

Subscriber's Last Name:

Member Number:

NOTE: Use the 9 digits AFTER the dash.

### Member (Dependent) Information

Member's First Name:

Member's Last Name:

Member's Date Of Birth:

Member's Person Cd:

NOTE: This is the '00' '01'... on the same line as your name. Date of birth is for the member whose person cd you selected.

Member's Email Address:

Your email address will enable RxEOB to provide you with timely customized information about your pharmacy benefit plan.

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Last modified:02/26/2001, Version 3.3.5

Fig. 5

## Plan Member

[My Profile](#)

[Research Alternatives](#)

### Who else in my family can view my data?

#### Current Authorization Status

252

Dependent Code	Date Of Birth	Authorization
1	01/01/1948	Authorized
2	01/01/1979	Not Authorized
3	01/01/1992	Not Authorized

#### Change Authorization for Family Member

Dependent Code	Authorization Description
254 <input type="checkbox"/>	256 <input type="checkbox"/>
<input type="button" value="Change Authorization"/>	

Fig. 6.

## Plan Member

My Profile

Research Alternatives

Welcome, John Customer21.

Since January 1, 2000:

- You have paid **\$40.00** for the prescription drugs you have received.
- Sample Employer 1 has paid **\$198.85** for the prescription drugs you have received.

[View Prescription History](#)

**Interested in reducing  
your prescription drug costs?.....**

**[Click here](#)**

[Home](#) | [Drug Lookup](#) | [Help](#) | [My Profile](#) | [Research](#) | [Dependents](#)  
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Fig. 7

## Plan Member

My Profile

Research Alternatives

### Your Pharmacy Benefits (Year-to-Date):

	Employer Contribution	Beneficiary Contribution	Total Benefit Expense
Kid3 Sample	\$90.57	\$70.00	\$160.57

### Prescription History

Select	Drug Name	Date Filed	Your Cost	Employer Cost
264	CLEOCIN T 1% SOLUTION	05/23/2000	\$25.00	\$6.20
266	SULFAMETHOXAZOLE/TMP DS TAB	05/23/2000	\$5.00	\$4.26
	SULFAMETHOXAZOLE/TMP DS TAB	04/11/2000	\$5.00	\$4.26
	SULFAMETHOXAZOLE/TMP DS TAB	03/14/2000	\$5.00	\$4.26
	TAZORAC 0.1% GEL	02/27/2000	\$10.00	\$47.31
	CLINDAMYCIN PH 1% SOLUTION	02/09/2000	\$5.00	\$9.95
	SUMYCIN 500MG CAPSULE	02/09/2000	\$5.00	\$2.19
	CLINDAMYCIN PH 1% SOLUTION	01/12/2000	\$5.00	\$9.95
	SUMYCIN 500MG CAPSULE	01/12/2000	\$5.00	\$2.19
278	Aciphex 20 mg Tab EC	01/03/2000	\$25.00	\$8.98

[Click](#) to view last years prescription costs to help with your taxes.

Fig. 8




## Plan Member

[My Profile](#)

[Research Alternatives](#)

### Research Alternatives

To research the availability and cost of therapeutic alternatives to the drugs you are currently taking, please select the drug you wish to research from the drop-down list located below.

Drug Choices:  

Enter Quantity:  (See Instructions Below)

If you wish to research drugs other than those you are currently taking, Click [Here](#) to go to our Drug Lookup function.

Instructions for entering quantity information:

- With Tablets, Capsules, or Suppositories, enter the number indicated on your prescription label.
- With Liquids, enter the number of cc's or ml's indicated on your prescription label.
- With Topicals or Inhalers, enter the number of grams indicated on your prescription label.

Fig 9

## Plan Member

My Profile

Research Alternatives

### Therapeutic Alternatives

Drug Name: **ACIPHEX 20MG TABLET EC**  
Drug Class: **PROTON PUMP INHIBITORS**

Drug Quantity: 30

288

Drug Name	Estimated Retail Price Prescription Cost	Retail Copay (31 days)	Mail Order Copay (31 days)
PROTONIX 40MG TABLET EC	\$75.00	\$25	\$50
PREVACID 15MG CAPSULE DR	\$98.04	\$25	\$50
PREVACID 30MG CAPSULE DR	\$99.91	\$25	\$50
PRILOSEC 10MG CAPSULE DR	\$111.25	\$10	\$20
<b>**ACIPHEX 20MG TABLET EC**</b>	\$113.98	\$25	\$50
PRILOSEC 20MG CAPSULE DR	\$124.18	\$10	\$20
PRILOSEC 40MG CAPSULE DR	\$178.20	\$10	\$20

**Please Note:** When the cost of a prescription drug is less than the projected copay, most benefit plans require you to pay only the cost of the drug. The terms of your prescription benefit are subject to change. Contact your plan sponsor for more information.

This information is designed to facilitate communication between you and your doctor. While the drugs in this list can be alternatives for one another, your specific dosage requirements must be determined by your doctor. RxEOB.COM is not recommending that you change your drug therapy.

Fig. 10a

## Plan Member

My Profile

Research Alternatives

### Therapeutic Alternatives

Drug Name: ZESTRIL 40MG TABLET  
Drug Class: ACE INHIBITORS, PLAIN

Drug Quantity: 30

292

294

296

288~

Drug Name	Estimated Retail Price Prescription Cost	Retail Copay for up to 31 days supply	Mail-order Copay for up to 90 days supply
LQTESIN 5MG TABLET	\$27.00	\$25	\$50
ZESTRIL 5MG TABLET	\$28.01	\$25	\$50
ZESTRIL 10MG TABLET	\$28.94	\$25	\$50
ACEON 2MG TABLET	\$30.42	\$25	\$50
ACEON 4MG TABLET	\$30.42	\$25	\$50
ALTACE 2.5MG CAPSULE	\$30.59	\$10	\$70
CAPOTEN 25MG TABLET	\$30.68	\$25	\$50
PRINIVIL 20MG TABLET	\$30.97	\$10	\$20
ZESTRIL 20MG TABLET	\$30.97	\$25	\$50
ACCUPRIL 10MG TABLET	\$31.47	\$10	\$20
ACCUPRIL 20MG TABLET	\$31.47	\$10	\$20
ACCUPRIL 40MG TABLET	\$31.47	\$10	\$20
ACCUPRIL 5MG TABLET	\$31.47	\$10	\$20
ENALAPRIL MALEATE 20MG TAB	\$32.26	\$5	\$10
ALTACE 5MG CAPSULE	\$33.40	\$10	\$70
VASOTEC 5MG TABLET	\$35.45	\$25	\$50
VASOTEC 10MG TABLET	\$37.15	\$25	\$50
PRINIVIL 40MG TABLET	\$37.74	\$10	\$20
ALTACE 10MG CAPSULE	\$39.43	\$10	\$20
VASOTEC 20MG TABLET	\$41.81	\$25	\$50
ACEON 8MG TABLET	\$43.68	\$25	\$50
ZESTRIL 30MG TABLET	\$43.84	\$25	\$50
CAPOTEN 50MG TABLET	\$44.31	\$25	\$50
<b>**ZESTRIL 40MG TABLET**</b>	\$45.29	\$25	\$50
CAPOTEN 100MG TABLET	\$59.01	\$25	\$50

**Please Note:** When the cost of a prescription drug is less than the projected copay, most benefit plans require you to pay only the cost of the drug. The terms of your prescription benefit are subject to change. Contact your plan sponsor for more information.

This information is designed to facilitate communication between you and your doctor. While the drugs in this list can be alternatives for one another, your specific dosage requirements must be determined by your doctor. RxEOB.COM is not recommending that you change your drug therapy.

Fig 10b

## Plan Member

My Profile

Research Alternatives

### Prescription Data Verification

In order to personalize the information we will present to you, please verify that you have received the following prescriptions, and that the information about each prescription is accurate.

You can use the "drop-down" windows to select one of three answers for each question: **Yes(Y)**, **No(N)**, or **Do Not Know(?)**.

**Helpful Hint.** After your first answer, use the Tab button on your keyboard to jump to the next question and then key **Y**, **N**, or **?**.

292

#	1. Correct Drug Name?	2. Received Drug?	3. Correct Quantity?	4. Correct Payment?
1	<input type="checkbox"/> CLEOCIN T 1% SOLUTION	<input type="checkbox"/> 05/23/2000	<input type="checkbox"/> 60	<input type="checkbox"/> \$25.00
2	<input type="checkbox"/> SULFAMETHOXAZOLE/TMP DS TAB	<input type="checkbox"/> 05/23/2000	<input type="checkbox"/> 62	<input type="checkbox"/> \$5.00
3	<input type="checkbox"/> SULFAMETHOXAZOLE/TMP DS TAB	<input type="checkbox"/> 04/11/2000	<input type="checkbox"/> 62	<input type="checkbox"/> \$5.00
4	<input type="checkbox"/> SULFAMETHOXAZOLE/TMP DS TAB	<input type="checkbox"/> 03/14/2000	<input type="checkbox"/> 62	<input type="checkbox"/> \$5.00
5	<input type="checkbox"/> TAZORAC 0.1% GEL	<input type="checkbox"/> 02/27/2000	<input type="checkbox"/> 30	<input type="checkbox"/> \$10.00

294 296 298

Please select answers for all the questions before saving. Thank you.

Save Answers to Questions

Skip This Step

Fig. 11

## Plan Sponsor

[My Profile](#)

[Research Alternatives](#)

[Plan Sponsor](#)

### Plan Sponsor Reports

Report Date Range: 306

308

Start Date: 1999-12-31 End Date: 2001-12-31 (1999-01-24) (yyyy-mm-dd)

#### Drug Utilization Statistics:

310 ~ @ Aggregated by Drug Class (with "drill-down" capability to list drugs within each class)

#### Prescription Claims and Audit Reports:

Please select one or more of the reports listed below. Multiple reports can be accessed at the same time.

- ☐ Total Claims and Related Costs
- ☐ Verified Claims and Related Costs
- ☐ Comparison of Total to Verified Claims
- ☐ Claims Failing Verification and Related Costs
- ☐ Reasons for Claims Failing Verification
- ☐ Claim Verification Response Distribution
- ☐ Claims Distribution by Month

312

314

Fig. 12

## Plan Sponsor

My Profile

Prescribed Alternatives

Plan Sponsor

### Plan Sponsor View Reports

Employer: Sample Employer 1

Drug Utilization Grouped by Drug Class for 12/31/1999 through 12/31/2001

Drug Class	Plan Payment	Plan % of Total	Patient Total	Patient % of Total
SELECTIVE SEROTONIN REUPTAKE INHIBITORS	\$23,554.92	9.60%	\$3,785.00	4.66%
HMG COA REDUCTASE INHIBITORS	\$15,870.43	6.47%	\$2,760.00	3.40%
Other Antihistamines, NonSedating	\$15,599.86	6.36%	\$3,300.00	4.06%
PROTON PUMP INHIBITORS	\$11,183.93	4.56%	\$1,625.00	2.00%
SEROTONIN (5HT3) ANTAGONISTS	\$9,420.76	3.84%	\$285.00	.35%
OTHER ANTIDEPRESSANTS	\$9,039.88	3.68%	\$1,419.44	1.74%
OTHER ANTIEPILEPTICS	\$6,981.92	2.84%	\$500.00	.61%
CORTICOSTEROIDS	\$6,562.64	2.67%	\$3,144.14	3.87%
Other Antihistamines, NonSedating Combinations	\$6,468.44	2.63%	\$1,920.00	2.36%
PROGESTOGENS AND ESTROGENS, SEQUENTIAL PREPARATION	\$5,145.66	2.09%	\$3,614.46	4.45%
FLUOROQUINOLONES	\$5,031.22	2.05%	\$944.99	1.16%
INTERFERONS	\$5,008.44	2.04%	\$60.00	.07%
Sympathomimetic combinations	\$4,386.51	1.78%	\$1,460.00	1.79%
COMBINATIONS OF PENICILLINS, INCL. BETA-LACTAMASE	\$4,383.64	1.78%	\$814.04	1.00%
AMINOSALICYLIC ACID AND SIMILAR AGENTS	\$4,151.50	1.69%	\$450.00	.55%
MACROLIDES	\$4,103.55	1.67%	\$1,285.60	1.58%
SELECTIVE 5HT1-RECEPTOR AGONISTS	\$3,977.58	1.62%	\$510.00	.62%

Fig. 13

## Plan Sponsor

My Profile

Research Alternatives

Plan Sponsor

### Drug Usage Report - Individual Drug Within Drug Class

If you would like to see how your formulary treats this drug class, enter the appropriate quantity and click the button.

Enter Quantity:  (Numbers Only)

338- [Redacted]

#### Drug Class: SELECTIVE SEROTONIN REUPTAKE INHIBITORS

Brand Name	Plan Expense	Plan Percent of Total	Recipient Expense	Recipient % of Total
PROZAC	\$11,627.49	4.74%	\$1,470.00	1.81%
PAXIL	\$6,306.15	2.57%	\$1,045.00	1.28%
ZOLOFT	\$3,826.37	1.56%	\$790.00	.97%
CELEXA	\$1,372.53	.55%	\$380.00	.46%
LUVOX	\$422.38	.17%	\$100.00	.12%
Total All Claims	\$245,129.99		\$81,173.02	

Fig. 14

09044769 050001

## Plan Sponsor

My Profile Research Alternatives Plan Sponsor

### Therapeutic Alternatives

Drug Class: SELECTIVE SEROTONIN REUPTAKE INHIBITORS

Drug Quantity: 1

Please print this page and share the information with your Doctor. Please be aware that some of these therapeutic alternatives **MAY NOT** be appropriate for you.

336

Drug Name	Average Retail Price Prescription Cost	Recipient Cost
CELEXA 10MG/5ML SOLUTION	\$0.41	\$10
ZOLOFT 20MG/ML ORAL CONC	\$0.77	\$10
PROZAC 20MG/5ML SOLUTION	\$1.05	\$10
ZOLOFT 25MG TABLET	\$1.87	\$10
ZOLOFT 50MG TABLET	\$1.93	\$10
ZOLOFT 100MG TABLET	\$1.98	\$10
CELEXA 20MG TABLET	\$2.16	\$10
FLUVOXAMINE MALEATE 25MG TR	\$2.18	\$5
CELEXA 40MG TABLET	\$2.25	\$10
PAXIL 10MG TABLET	\$2.42	\$10
FLUVOXAMINE MALEATE 50MG TR	\$2.44	\$5
FLUVOXAMINE MAL 100MG TAB	\$2.50	\$5
PROZAC 10MG TABLET	\$2.77	\$10
SARAFEM 10MG PULVULE	\$2.77	\$10
PROZAC 10MG PULVULE	\$2.81	\$10
SARAFEM 20MG PULVULE	\$2.85	\$10
PROZAC 20MG PULVULE	\$2.88	\$10
LUVOX 25MG TABLET	\$2.94	\$25
LUVOX 50MG TABLET	\$3.29	\$25
LUVOX 100MG TABLET	\$3.37	\$25

**IMPORTANT:** This information is designed to facilitate communication between you and your doctor. RxEOB.COM is not recommending that you change

Fig.15

0904769 062004



## Care Management

[My Profile](#)

[Research Alternatives](#)

### Care Manager Functions

[Click](#) to Change Session Employer.

The section below helps find a person whose prescription detail you wish to examine.

- 342 ~ [Click](#) to view users of specific drugs.
- 344 ~ [Click](#) to view users of drugs within a drug class.
- 346 ~ [Click](#) to view users taking Anti-Hypertensives.
- 348 ~ [Click](#) to view users taking Anti-Hypertensives and Cardiac Glycosides.
- 350 ~ [Click](#) to view users taking Anti-Hypertensives and Drugs for Diabetes.
- 352 ~ [Click](#) to view users taking Anti-Hypertensives and Serum Lipid Reducing Agents.
- 354 ~ [Click](#) to view users taking Anti-Hypertensives, Serum Lipid Reducing Agents, and Drugs for Diabetes.
- 356 ~ [Click](#) to view users taking Cardiac Glycosides.

Fig. 16

## Care Management

[My Profile](#)

[Research Alternatives](#)

### Subscribers using Drugs for Diabetes and Anti-Hypertensives

358

Subscriber ID	Dependent Number
xxx403399	0
vvy461578	0
www748540	0
www463458	0
xxx609077	1

Fig. 17

## Care Management

My Profile

Research Alternatives

### Your Pharmacy Benefits (Year-to-Date):

	Employer Contribution	Beneficiary Contribution	Total Due
Pet Sample	\$6,087.12	\$695.00	\$6,782.12

### Prescription History For Pat Sample (Dependent 0)

	Drug Name	Date Filled	Employer Cost
368	View Detail	NEO/POLYMYXIN/HC EAR SUSP	08/09/2000 \$5.00 \$12.39
	View Detail	BENZONATATE 100MG CAPSULE	08/04/2000 \$5.00 \$31.05
	View Detail	CLARITIN 10MG TABLET	07/29/2000 \$20.00 \$150.49
	View Detail	SINGULAIR 10MG TABLET	06/26/2000 \$20.00 \$168.08
	View Detail	HUMALOG 100U/ML VIAL	06/26/2000 \$20.00 \$383.44
	View Detail	ACCU-CHEK CMFRT CURVE STRIP	06/26/2000 \$20.00 \$463.98
	View Detail	ISOSORBIDE MN 60MG TAB SA	06/09/2000 \$10.00 \$91.07
	View Detail	FLOVENT 220MCG INHALER	06/09/2000 \$20.00 \$446.70
	View Detail	ZAROXOLYN 5MG TABLET	06/09/2000 \$20.00 \$8.74
	View Detail	CARDURA 2MG TABLET	06/09/2000 \$20.00 \$56.88
	View Detail	ZOCOR 20MG TABLET	06/09/2000 \$20.00 \$271.89
	View Detail	FUROSEMIDE 80MG TABLET	06/09/2000 \$10.00 \$4.53
	View Detail	SINGULAIR 10MG TABLET	04/28/2000 \$20.00 \$160.63
	View Detail	HUMALOG 100U/ML VIAL	04/22/2000 \$20.00 \$357.13
	View Detail	ACCU-CHEK CMFRT CURVE STRIP	04/22/2000 \$20.00 \$463.98
	View Detail	CLARITIN 10MG TABLET	04/17/2000 \$20.00 \$148.82
	View Detail	VANCENASE AQ 84MCG SPRAY	04/09/2000 \$50.00 \$87.55
	View Detail	VANCENASE AQ 84MCG SPRAY	03/27/2000 \$25.00 \$23.91
	View Detail	VANCENASE AQ 84MCG SPRAY	03/27/2000 \$25.00 \$23.91
	View Detail	ISOSORBIDE MN 60MG TAB SA	03/26/2000 \$10.00 \$77.58
	View Detail	ZAROXOLYN 5MG TABLET	03/24/2000 \$20.00 \$8.74
	View Detail	ISOSORBIDE MN 60MG TAB SA	03/24/2000 \$10.00 \$84.19
	View Detail	FUROSEMIDE 80MG TABLET	03/24/2000 \$10.00 \$4.53
	View Detail	FLOVENT 220MCG INHALER	03/24/2000 \$20.00 \$446.70
	View Detail	ZOCOR 20MG TABLET	03/24/2000 \$20.00 \$271.89
	View Detail	MYTUSSIN AC SYRUP	03/02/2000 \$5.00 \$1.12
	View Detail	GUAIFENESIN W/CODEINE SYRUP	03/02/2000 \$5.00 \$1.12
	View Detail	SOD.SULFACET/SULFUR LOTION	02/18/2000 \$10.00 \$34.54
	View Detail	SINGULAIR 10MG TABLET	02/18/2000 \$20.00 \$154.95
	View Detail	BENZONATATE 100MG CAPSULE	02/16/2000 \$5.00 \$31.30
	View Detail	CLARITIN 10MG TABLET	02/14/2000 \$20.00 \$145.54
	View Detail	HUMALOG 100U/ML VIAL	02/04/2000 \$20.00 \$357.13
	View Detail	ACCU-CHEK CMFRT CURVE STRIP	02/04/2000 \$20.00 \$463.98
	View Detail	CARDURA 2MG TABLET	02/04/2000 \$20.00 \$56.88
	View Detail	SOD.SULFACET/SULFUR LOTION	01/13/2000 \$10.00 \$37.01
	View Detail	SOD.SULFACET/SULFUR LOTION	01/13/2000 \$10.00 \$37.01

Fig. 18

## Care Management

My Profile

Research Alternatives

### Prescription Detail

#### Prescription Information

Drug Name	Date Filled	Rx Number	Quantity	Max.
CLARITIN 10MG TABLET	07/29/2000	002087394	90	90

#### Cost Information

Copayment	Plan Payment	Total Rx Cost
\$20	\$150.49	\$170.49

#### Prescriber Information

Physician	Prescriber Address	Prescriber Phone
CLEARY, M.D., JOHN B.	3650 JOSEPH STEWICK DR STE 307 FAIRFAX, VA	N/A

#### Pharmacy Information

Pharmacy Name	Pharmacy Address	Pharmacy Phone
WALGREEN DRUG STORE	7357 GREENBRIAR PKY ORLANDO, FL	4073516151

Fig. 19

## Model Employer Formulary

Drug Utilization Grouped by Drug Class for 01/01/2000 through  
12/31/2001

3702

3727

3747

3767

378

Drug Class	Plan Payment	Plan Percent of Total	Recipient Total	Recipient % of Total
SELECTIVE SEROTONIN REUPTAKE INHIBITORS	\$23,554.92	9.60%	\$3,785.00	4.66%
HMG COA REDUCTASE INHIBITORS	\$15,870.43	6.47%	\$2,760.00	3.40%
Other Antihistamines, NonSedating	\$15,599.86	6.36%	\$3,300.00	4.06%
PROTON PUMP INHIBITORS	\$11,183.93	4.56%	\$1,625.00	2.00%
SEROTONIN (5HT3) ANTAGONISTS	\$9,420.76	3.84%	\$285.00	.35%
OTHER ANTIDEPRESSANTS	\$9,039.88	3.68%	\$1,419.44	1.74%
OTHER ANTIEPILEPTICS	\$6,981.92	2.84%	\$500.00	.61%
CORTICOSTEROIDS	\$6,562.64	2.67%	\$3,144.14	3.87%
Other Antihistamines, NonSedating Combinations	\$6,468.44	2.63%	\$1,920.00	2.36%
PROGESTOGENS AND ESTROGENS, SEQUENTIAL PREPARATION	\$5,145.66	2.09%	\$3,614.46	4.45%

Fig. 20

# Model Employer Formulary

Employer Name: Sample Employer 3  
Drug Class: CORTICOSTEROIDS

380

## Original Data

Drug Name	Plan Cost	Patient Cost	Total
BECONASE 42MCG INHALER	\$23	\$15	\$38
BECONASE AQ 0.042% SPRAY	\$49	\$30	\$79
NASACORT NASAL INHALER	\$17	\$60	\$77
NASONEX 50MCG NASAL SPRAY	\$31	\$60	\$91
RHINOCORT NASAL INHALER	\$103	\$120	\$223
FLONASE 0.05% NASAL SPRAY	\$192	\$90	\$282
TOTALS	\$417	\$375	\$792

## Model Data

382

Drug Name	Plan Cost	Patient Cost	Total
BECONASE 42MCG INHALER	\$23	\$15	\$38
BECONASE AQ 0.042% SPRAY	\$47	\$31	\$79
NASACORT NASAL INHALER	\$46	\$31	\$77
NASONEX 50MCG NASAL SPRAY	\$54	\$36	\$91
RHINOCORT NASAL INHALER	\$133	\$89	\$223
FLONASE 0.05% NASAL SPRAY	\$169	\$112	\$282
TOTALS	\$475	\$317	\$792

## Current Behavior Modification Hypothesis's

There are NO current Hypothesis

## Add Behavior Modification Hypothesis

384

Original Drug	Percent Change	New Drug
BECONASE 42MCG INHALER	0	BECONASE 42MCG INHALER

## Model Copay Information

386

Plan Type	Copay Level	Copay Level	Copay Level	%
Initialized	0	0	0	40

## Change Copay Model

388

Plan Type	CoPay 1 Amount	CoPay 2 Amount	CoPay 3 Amount	CoPay Percent
sel_copay	0	0	0	0

Fig.21

## Anti-Hypertensives

### 4.5.4 ACE Inhibitors

#### Tier 1

captopril

#### Tier 2

Accupril

Altace

Capoten

Lotensin

Mavik

Monopril

Prinivil

Univasc

#### Tier 3

Vasotec

### 4.5.5 Adrenergic Antagonists & Related Drugs

#### Tier 1

clonidine

guanfacine

methyldopa

prazosin

reserpine

#### Tier 2

Aldomet

Cardura

Catapres

Hytrin

Ismelin

Minipress

Tenex

#### Tier 3

Catapres TTS

122  
↓

Fig. 22

Fig. 23

132  
↙

<u>Formulary Drug Tier</u>	<u>Copayment</u>
1	\$5.00
2	\$10.00
3	\$25.00

2025 RELEASE UNDER E.O. 14176